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-----Rough Draft CSCT underlined-----
HEALTH CARE FACILITIES 37.106.1901
Subchapter 19
Minimum Standards for Mental Health Centers

37.106.1901 MENTAL HEALTH CENTER: APPLICATION OF OTHER RULES (1) To the extent that other licensure rules in ARM Title 37, chapter 106, subchapters 3, 4, 6, 10, 11, 14, 15, 22 and 23 conflict with the terms of this subchapter, the terms of this subchapter will apply to mental health centers.

37.106.1902 MENTAL HEALTH CENTER: DEFINITIONS In addition to the definitions in 50-5-101, MCA, the following definitions apply to this subchapter:

- (1) "Administrator" means a designated individual having daily overall management responsibility for the operation of a mental health center.
- (2) "Adult day treatment" means a program which provides a variety of mental health services to adults with mental illnesses.
- (3) "Chemical dependency services" means:
 - (a) screening of a client for substance abuse issues by the mental health center through its clinical intake assessment;
 - (b) as indicated by the substance abuse screening, the provision or arrangement by the mental health center for a client to be evaluated by a licensed addiction counselor;
 - (c) in accordance with the evaluation by a licensed addiction counselor, the provision or arrangement by the mental health center of chemical dependency treatment by a licensed addiction counselor or state-approved chemical dependency treatment program; and
 - (d) the integration and coordination by the mental health center of the client's mental health treatment with the chemical dependency treatment.
- (4) "Child and adolescent" means a person 17 years of age or younger and includes students up to 21 years of age who still attend a secondary public school.
- (5) "Child and adolescent day treatment" means a program which provides an integrated set of mental health, education and family intervention services to children or adolescents with a serious emotional disturbance.
- (6) "Client" means an adult, child or adolescent, or resident receiving services from a mental health center.
- (7) "Community-based psychiatric rehabilitation and support" means the definition as defined in ARM 37.88.901.
- (8) "Community residential facility" means the definition provided in 76-2-411, MCA.
- (9) "Comprehensive school and community treatment program (CSCT)" means a comprehensive, planned course of community mental health outpatient treatment provided in cooperation with the school district where the child or adolescent with a serious emotional disturbance (SED) resides. The program must be provided by a licensed mental health center with an endorsement under ARM 37.106.1955, ARM 37.106.1956, ARM 37.106.1960, ARM 37.106.1961, ARM 37.106.1965 and ARM 37.86.2225.
- (10) "Crisis stabilization program" means 24 hour supervised treatment for adults with a mental illness for the purpose of stabilizing the individual's symptoms.
- (11) "Crisis telephone services" means 24 hour telephone response to mental health emergencies for the mental health center's clients.
- (12) "Guardian" means a person appointed by a court to make medical, and possibly financial, decisions as provided in Title 72, chapter 5, MCA.
- (13) "Individualized education program" (IEP) means a written plan developed and implemented for each student with a disability in accordance with 34 CFR 300.341 through 300.350 as revised as of July 1, 1995. The department hereby adopts and incorporates by reference 34 CFR 300.341 through 300.350. A copy of the regulations may be obtained from the Department of Public Health and Human Services, Quality Assurance Division, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953.
- (14) "Individualized treatment plan" means a written plan that outlines individualized treatment activities for maximum reduction of mental disability and restoration of the client's ability to function adequately in the family, at work or school, and as a member of the community.
- (15) "In-training practitioner services" means the definition as defined in ARM 37.88.901.
- (16) "Intensive case management" means the activities of a single person or team that assists individuals with mental illness to make informed choices for community services which seek to maximize their personal abilities and enable growth in some or all aspects of the individual's vocational, educational, social, and health related environments.
- (17) "Licensed health care professional" means a licensed physician, physician assistant-certified, or advanced practice registered nurse who is authorized to prescribe medication within the scope of the license.
- (18) "Licensed mental health professional" means:
 - (a) a physician, clinical psychologist, social worker, or professional counselor licensed to practice in Montana;
 - (b) an occupational therapist licensed to practice in Montana who has had at least three years experience dedicated substantially to serving persons with serious mental illnesses and is working in a child and adolescent day treatment program or adult day treatment program; or
 - (c) a registered nurse who has had at least three years experience dedicated substantially to serving persons with serious mental illnesses and is licensed to practice in Montana.
- (19) "Medical director" means a physician licensed by the Montana board of medical examiners who oversees the mental health center's clinical services and who has:
 - (a) at least a three-year residency in psychiatry; or
 - (b) at least three years' post-graduate psychiatric training in a program approved by the counsel on medical evaluation of the American medical association; or
 - (c) at least three years of experience in a medical practice dedicated substantially to serving persons with serious mental illnesses.

(20) "Mental health group home" means a community residential facility as defined in ARM 37.88.901.

(21) "Mental illness" means that condition of an individual in which there is either psychological, physiological, or biochemical imbalance which has caused impairment in functioning and/or behavior.

(22) "Outpatient therapy services" means the provision of psychotherapy and related services by a licensed mental health professional acting within the scope of the professional's license or these same services provided by an in-training practitioner in a mental health center.

(23) "Program supervisor" means a designated licensed mental health professional having daily overall responsibility for the operation of a mental health center area of endorsement.

(24) "Program therapist" means a licensed mental health professional with the training and knowledge to provide psychotherapy.

(25) "Representative payee" means a payee appointed by the social security administration when a beneficiary is unable to manage their social security benefits, supplementary security income or medicare benefits.

(26) "Seclusion" means staff initiating or escorting a child or adolescent to a seclusion time-out room to calm down and appropriately manage their behavior.

(27) "Severe disabling mental illness" means, with respect to a person who is 18 or more years of age, that the person meets the requirements defined in ARM 37.86.3502.

(28) "Serious emotional disturbance" means, with respect to a youth, that the youth meets the requirements defined in ARM 37.86.3702.

(29) "Site based" means a specific location where the treatment services are consistently provided.

(30) "Time-out" means staff, child or adolescent initiating a time-out generally away from the group activity to enable the child or adolescent to calm down and appropriately manage their behavior.

37.106.1906 MENTAL HEALTH CENTER: SERVICES AND LICENSURE (1) Each applicant for licensure shall submit a license application to the department requesting approval to provide the services in (3) and may request approval to provide one or more of the services in (4).

(2) Services provided by a mental health center must be rendered by a single administration in a discrete physical facility or multiple facilities or by written agreement or contract with licensed health care professionals, licensed mental health professionals or other facilities such as hospital, clinics, or educational institutions which may combine to provide services.

(3) For a mental health center to be licensed, it must provide to its clients all of the following services:

- (a) crisis telephone services;
- (b) medication management services;
- (c) outpatient therapy services;
- (d) community-based psychiatric rehabilitation and support; and
- (e) chemical dependency services.

(4) A mental health center, with the appropriate license endorsement, may provide one or more of the following services:

- (a) child and adolescent intensive case management;
- (b) adult intensive case management;
- (c) child and adolescent day treatment;
- (d) adult day treatment;
- (e) adult foster care;
- (f) mental health group home;
- (g) crisis stabilization program; or
- (h) a comprehensive school and community treatment program.

(5) Each service listed in (4) that is endorsed by the department shall be recorded on the mental health center's license.

(6) A mental health center may not condition a client's access to one of its services upon the client's receipt of another service provided by the mental health center unless continuity and quality of care require that services be provided by the same agency.

(7) Mental health center services must be available to recipients continuously throughout the year.

(8) A mental health center must report to the department, in writing, any of the following changes within at least 30 days before the planned effective date of the change:

- (a) a change of administrator;
- (b) a change of medical director;
- (c) any change in administrative location or service location;
- (d) a change in the name of the agency; or
- (e) the discontinuation of providing a service for which the mental health center has an area of endorsement.

37.106.1907 MENTAL HEALTH CENTER: ORGANIZATIONAL STRUCTURE (1) Each mental health center shall employ or contract with an administrator who shall:

- (a) maintain daily overall responsibility for the mental health center's operations;
- (b) develop and oversee the implementation of policies and procedures pertaining to the operation and services of the mental health center;
- (c) establish written orientation and training procedures for all employees including new employees, relief workers, temporary employees, students, interns, volunteers, and trainees. The training must include orientation on all the mental health center's policies and procedures;
- (d) establish written policies and procedures:
 - (i) defining the responsibilities, limitations, and supervision of students, interns, and volunteers working for the

mental health center;

(ii) for verifying each professional staff member's credentials, when hired, and thereafter, to ensure the continued validity of required licenses; and

(iii) for client complaints and grievances, to include an opportunity for appeal, and to inform clients of the availability of advocacy organizations to assist them.

(e) develop an organizational chart that accurately reflects the current lines of administration and authority; and

(f) maintain a file for all client incident reports.

(2) Each mental health center shall employ or contract with a medical director who shall:

(a) coordinate with and advise the staff of the mental health center on clinical matters;

(b) provide direction, consultation, and training regarding the mental health center's programs and operations as needed;

(c) act as a liaison for the mental health center with community physicians, hospital staff, and other professionals and agencies with regard to psychiatric services; and

(d) ensure the quality of treatment and related services through participation in the mental health center's quality assurance process.

37.106.1908 MENTAL HEALTH CENTER: POLICIES AND PROCEDURES (1) Each mental health center shall maintain a policy and procedure manual. The manual must be reviewed and approved, at least annually, by the medical director and administrator. The manual must contain policies and procedures for:

(a) notifying staff of all changes in policies and procedures;

(b) addressing client rights, including a procedure for informing clients of their rights;

(c) addressing and reviewing ethical issues faced by staff and reporting allegations of ethics violations to the applicable professional licensing authority;

(d) informing clients of the policy and procedures for client complaints and grievances;

(e) initiating services to clients;

(f) informing clients of rules governing their conduct and the types of infractions that can result in suspension or discontinuation of services offered by the mental health center;

(g) suspending or discontinuing program services with the following information to be provided to the client:

(i) the reason for suspending or discontinuing services or access to programs;

(ii) the conditions that must be met to resume services or access to programs;

(iii) the grievance procedure that may be used to appeal the suspension or discontinuation; and

(iv) what services, if any, will be continued to be provided even though participation in a particular service or program may be suspended or discontinued.

(h) referring clients to other providers or services that the mental health center does not provide; and

(i) conducting quality assessment and improvement activities.

(2) If the mental health center provides representative payee services, the center must comply with the accounting and reporting procedures established by the commissioner of social security as identified in section 1631 (a)(2) of the Social Security Act and must further ensure that clients are involved in budgeting their money and that budget sheets be used which require client signatures.

37.106.1909 MENTAL HEALTH CENTER: CLINICAL RECORDS (1) Each mental health center shall:

(a) collect assessment data and maintain clinical records on all clients who receive services and ensure the confidentiality

of clinical records in accordance with the Uniform Health Care Information Act, Title 50, chapter 16, part 5, MCA. At a minimum, the clinical record must include:

(i) a clinical intake assessment;

(ii) additional assessments or evaluations, if clinically indicated;

(iii) a copy of the client's individualized treatment plan and all modifications to the treatment plan;

(iv) progress notes which indicate whether or not the stated treatment plan has been implemented, and the degree to which the client is progressing, or failing to progress, toward stated treatment objectives;

(v) medication orders from the prescribing physician and documentation of the administration of all medications;

(vi) signed orders by a licensed mental health professional for any restrictions of rights and privileges accorded clients of the mental health center including the reason(s) for the restriction; and

(vii) a discharge summary when the client's file is closed

37.106.1915 MENTAL HEALTH CENTER: CLIENT ASSESSMENTS (1) Each mental health center shall complete a clinical intake assessment within 12 hours after admission for crisis stabilization program services and within three contacts, or 14 days from the first contact, whichever is later, for other services. Intake assessments must be conducted by a licensed mental health professional trained in clinical assessments and must include the following information in a narrative form to substantiate the client's diagnosis and provide sufficient detail to individualize treatment plan goals and objectives:

(a) presenting problem and history of problem;

(b) mental status;

(c) diagnostic impressions;

(d) initial treatment plan goals;

(e) risk factors to include suicidal or homicidal ideation;

(f) psychiatric history;

(g) substance use/abuse and history;

- (h) current medication and medical history;
- (i) financial resources and residential arrangements;
- (j) education and/or work history; and
- (k) legal history relevant to history of illness, including guardianships, civil commitments, criminal mental health commitments, and prior criminal background.

(2) Based on the client's clinical needs, each mental health center shall conduct additional assessments which may include, but are not limited to, physical, psychological, emotional, behavioral, psychosocial, recreational, vocational, psychiatric, and chemical dependency evaluations.

(3) Each mental health center shall maintain a current list of providers who accept referrals for assessments and services not provided by the center.

37.106.1916 MENTAL HEALTH CENTER: INDIVIDUALIZED TREATMENT PLANS (1) Based upon the findings of the assessment(s), each mental health center shall establish an individualized treatment plan for each client within 24 hours after admission for crisis stabilization program services and within five contacts, or 21 days from the first contact, whichever is later, for other services. The treatment plan must:

- (a) identify treatment team members, from within and outside of the mental health center, who are involved in the client's treatment or care;
- (b) specifically state measurable treatment plan objectives that serve the client in the least restrictive and most culturally appropriate therapeutic environment;
- (c) describe the service or intervention with sufficient specificity to demonstrate the relationship between the service or intervention and the stated objective;
- (d) identify the staff person and program responsible for each treatment service to be provided;
- (e) include the client's or parent/guardian's signature indicating participation in the development of the treatment plan. If the client's or parent/guardian's participation is not possible or inappropriate, written documentation must indicate the reason;
- (f) include the signature and date of the mental health center's licensed mental health professional and of the person(s) with primary responsibility for implementation of the plan indicating development and ongoing review of the plan. If intensive care management is the only service being received from the mental health center, a program supervisor must sign the treatment plan indicating the supervisor's review and approval for appropriateness; and (g) state the criteria for discharge, including the client's level of functioning which will indicate when a particular service is no longer required.

(2) The treatment plan must be reviewed at least every 90 days for each client and whenever there is a significant change in the client's condition. A change in level of care or referrals for additional mental health services must be included in the treatment plan.

(3) The treatment plan review must be conducted by at least one licensed mental health professional from the mental health center, and include persons with primary responsibility for implementation of the plan. Other staff members must be involved in the review process as clinically indicated. Outside service providers must be contacted and encouraged to participate in the treatment plan review, as clinically indicated.

(4) If a client is receiving case management and/or medication management services along with one or more other services from the mental health center, the treatment plan review must be conducted by at least one licensed mental health professional from the mental health center and include persons with primary responsibility for implementing the treatment plan. Other staff members must be involved in the review process as clinically indicated. Outside service providers must be contacted and encouraged to participate in the treatment plan review, as clinically indicated.

(5) A treatment team meeting for establishing an individual treatment plan and for treatment plan review must be conducted face-to-face and include:

- (a) the client as clinically appropriate;
- (b) the client's guardian if applicable;
- (c) the client's parents or guardian if the client is a youth and the involvement by the parent or guardian is clinically appropriate;
- (d) case manager, if the client has one; and
- (e) in the case of an adult client, an adult friend or family member may be invited to participate in the treatment planning or treatment plan review meeting, at the request of and upon written consent of the client, and as deemed clinically appropriate by the client's treatment team, prior to the scheduling of the meeting.

(6) The treatment plan review must be comprehensive with regard to the client's response to treatment and result in either an amended treatment plan or a statement of the continued appropriateness of the existing plan. The results of the treatment plan review must be entered into the client's clinical record. The documentation must include a description of the client's functioning and justification for each client goal.

(7) If the mental health center develops separate treatment plans for each service, the treatment plans must be integrated with one another and a copy of each treatment plan must be kept in the client's record.

37.106.1917 MENTAL HEALTH CENTER: CLIENT DISCHARGE (1) Each mental health center shall prepare a discharge summary for each client no longer receiving services. The discharge summary must include:

- (a) the reason for discharge;
 - (b) a summary of the services provided by the mental health center including recommendations for aftercare services and referrals to other services, if applicable;
 - (c) an evaluation of the client's progress as measured by the treatment plan and the impact of the services provided by the mental health center; and
 - (d) the signature of the staff member who prepared the report and the date of preparation.
- (2) Discharge summaries reports must be filed in the clinical record within one month of the date of the client's formal discharge from services or within three months of the date of the client's last service when no formal discharge occurs.

(3) For cases left open when a client has not received services for over 30 days, documentation must be entered into the record indicating the reason for leaving the case open.

37.106.1918 MENTAL HEALTH CENTER: PERSONNEL RECORDS (1) For each employee or contracted individual, the mental health center shall maintain the following information on file:

- (a) a current job description;
- (b) if a licensed mental health professional, documentation of current licensure and certification; and
- (c) dated documentation of the individual's involvement in orientation, training, and continuing education activities.

37.106.1919 MENTAL HEALTH CENTER: QUALITY ASSESSMENT (1) Each mental health center shall implement and maintain an active quality assessment program using information collected to make improvements in the mental health center's policies, procedures and services. At a minimum, the program must include procedures for:

- (a) conducting client satisfaction surveys, at least annually, for all mental health center programs. The survey must address:
 - (i) whether the client, parent or guardian is adequately involved in the development and review of the client's treatment plan;
 - (ii) whether the client, parent or guardian was informed of client rights and the mental health center's grievance procedure;
 - (iii) the client's, parent's or guardian's satisfaction with all mental health center programs in which the client participated; and
 - (iv) the client's, parent's, or guardian's recommendations for improving mental health center's services.
- (b) maintaining records on the occurrence, duration and frequency of seclusion and physical restraints used;
- (c) reviewing, on an ongoing basis, incident reports, grievances, complaints, medication errors, and the use of seclusion and/or physical restraint with special attention given to identifying patterns and making necessary changes in how services are provided. and
- (d) a quarterly review with the appropriate school district of the effectiveness, financial status, staffing patterns, and staff caseload of any CSCT program provided pursuant to an endorsement under under ARM 37.106.1955, ARM 37.106.1956, ARM 37.106.1960, ARM 37.106.1961, ARM 37.106.1965 and ARM 37.86.2225.

(2) Each mental health center shall prepare and maintain on file an annual report of improvements made as a result of the quality assessment program.

37.106.1925 MENTAL HEALTH CENTER: COMPLIANCE WITH BUILDING AND FIRE CODES, FIRE EXTINGUISHERS, SMOKE DETECTORS AND MAINTENANCE (1) Each mental health center shall ensure that its facilities, buildings, and homes:

- (a) meet all applicable state and local building and fire codes;
- (b) have a workable portable fire extinguisher on each floor, with a minimum rating of 2A10BC. Extinguishers must be readily accessible at all times; and
- (c) have a properly maintained and regularly tested smoke detector, approved by a recognized testing laboratory, on each floor. Building exits must be unobstructed and clearly marked.

(2) Each mental health center shall ensure its facilities, buildings, homes, equipment, and grounds are clean and maintained in good repair at all times for the safety and well being of its clients, staff, and visitors.

37.106.1926 MENTAL HEALTH CENTER: PHYSICAL ENVIRONMENT (1) Each mental health center providing a mental health group home or a crisis intervention stabilization facility must ensure that no more than four residents reside in a single bedroom. Each multi-bedroom must contain at least 80 square feet per bed, exclusive of toilet rooms, closets, lockers, wardrobes, alcoves, or vestibules. Each center must further provide:

- (a) one toilet for every four residents;
- (b) a toilet and sink in each toilet room;
- (c) one bathing facility for every 12 residents; and
- (d) showers and tubs with non-slip surfaces.

(2) Any provision of this rule may be waived at the discretion of the department if conditions in existence prior to the adoption of this rule or construction factors would make compliance extremely difficult or impossible and if the department determines that the level of safety to residents and staff is not diminished.

37.106.1927 MENTAL HEALTH CENTER: EMERGENCY PROCEDURES (1) Each mental health center shall develop a written plan for emergency procedures. At a minimum, the plan must include:

- (a) emergency evacuation procedures to be followed in the case of fire or other emergency;
- (b) procedures for contacting emergency service responders; and
- (c) the names and phone numbers for contacting other mental health center staff in emergency situations.

(2) Telephone numbers of the hospital, police department, fire department, ambulance, and poison control center must be posted by each telephone.

37.106.1935 MENTAL HEALTH CENTER: CHILD AND ADOLESCENT AND ADULT INTENSIVE CASE MANAGEMENT (1) In addition to the requirements established in this subchapter, each mental health center providing child and adolescent and adult intensive case management services shall comply with the requirements established in this rule.

(2) Each mental health center providing intensive case management program services shall:

- (a) employ or contract with a program supervisor, experienced in providing services to individuals with a mental illness. The program supervisor shall meet with each intensive case manager, either individually or in a group meeting, at least every 30 days. Individual supervision of case managers must be offered by the mental health center as needed and may be initiated by either the case manager or the supervisor;
- (b) employ or contract with case managers who have the knowledge and skills needed to effectively perform case management duties. Minimum qualifications for a case manager are a bachelor's degree in a human services field with at least one year of full time

experience serving people with mental illnesses. Individuals with other educational backgrounds who, as providers, consumers, or advocates of mental health services have developed the necessary skills, may also be employed as intensive case managers. The mental health center's case management position description must contain equivalency provisions;

(c) train the program supervisor and program staff in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the clients and staff. The training must include the use of physical and non-physical methods of managing clients and must be updated, at least annually, to ensure the maintenance of necessary skills;

(d) maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days and upon the occurrence of any significant change in the client's condition;

(e) develop written policies and procedures addressing the independence of the intensive case manager and intensive case management program. At a minimum, the policies and procedures must address:

- (i) the intensive case manager acting as a client's advocate in involuntary commitment proceedings;
- (ii) the intensive case manager's role in conflicts between the client and the mental health center or other agencies;
- (iii) the ability of the intensive case manager to freely advocate for services from or outside of the mental health center on behalf of the client;
- (iv) the relationship between the primary therapist, if the client has one, and the case manager;
- (v) the obligation to report information to the mental health center staff that the client has requested to be kept confidential; and
- (vi) the ability of the intensive case manager to contact an advocacy organization if the case manager believes the mental health center is unresponsive to the needs of the client.

(3) The availability of intensive case management services may not be made contingent upon a client's willingness to receive other services. A client suspended or excluded from other programs or services provided by the mental health center may not be restricted or suspended from intensive case management services solely due to the action involving the other program or services.

(4) Intensive case management services are largely provided throughout the community rather than in an office or a facility. All contacts with clients must occur in a place that is convenient for the client. More than 50% of a case manager's in person contacts with clients must be outside of the mental health center's facility. Restrictions may not be placed on a case manager's ability to meet with a client in any reasonable location.

37.106.1936 MENTAL HEALTH CENTER: CHILD AND ADOLESCENT DAY TREATMENT (1) In addition to the requirements established in this subchapter, each mental health center providing a child and adolescent day treatment program shall comply with the requirements established in this rule.

(2) The child and adolescent day treatment program must be site based and occur in a location separate from the child and adolescent's regular classroom. Appropriate, supplemental day treatment services may be delivered off site. The program shall:

- (a) operate at least five days per week for at least three hours per day, unless school holidays preclude day treatment activities. Preschool day treatment programs shall operate at least three days a week, three hours a day, unless school holidays preclude day treatment activities;
- (b) employ or contract with a program supervisor who is knowledgeable about the service and support needs of children and adolescents with serious emotional disturbances. The program therapist or program supervisor must be site based;
- (c) establish admission criteria which assess the child or adolescent's needs and the appropriateness of the services to meet those needs. Students still in school, 18 years of age or older, remain eligible for the program;
- (d) provide mental health services according to the individualized treatment plan which may include individual therapy, family and group therapy, social skills training, life skills training, pre-vocational training, therapeutic recreation services and ensure access to emergency services;
- (e) coordinate its services with educational services provided through full collaboration with a school district recognized by the office of public instruction;
- (f) provide referral and aftercare coordination with inpatient facilities, residential treatment programs, or other appropriate out-of-home placement programs;
- (g) establish policies and procedures regarding the use of time-out and seclusion. Time-out and seclusion may not be used with a locked door. Mechanical restraints may not be used. If time-out is used, intermittent to continuous staff observation is required, as clinically indicated. If seclusion is used, continuous staff observation is required. Written permission from the parent or legal guardian must be obtained for the use of nonaversive and aversive interventions and must be placed in the client's clinical record. The clinical record must include signed orders by a licensed mental health professional for use of seclusion, a detailed description of the circumstances warranting such action, and the date, time and duration of the seclusion;
- (h) require and ensure that the program supervisor and all staff shall each have a minimum of six contact hours of annual training relating to child and adolescent mental illnesses and treatment; and
- (i) maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days and upon the occurrence of any significant change in the client's condition.

(3) The day treatment staff shall attend all child study team (CST) meetings and individual education planning meetings when clinically indicated and permission has been granted by the parent or legal guardian or child, when age appropriate. If the client requires an individualized education program (IEP), a copy of the IEP must be included in the client's treatment plan unless the parent or legal guardian or child, when age appropriate, refuses to authorize release to the mental health center.

(4) The program supervisor and day treatment program staff must be trained in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the clients and staff. The training must include the use of physical and non-physical methods of managing children and adolescents and must be updated, at least annually, to ensure that necessary skills are maintained.

(5) Each program therapist or in-training practitioner therapist in the program shall carry an active caseload not to exceed 12 day treatment clients. The therapist who carries the caseload must also provide the therapy and must be on site during the entire day treatment hours of operation unless the therapist is attending a meeting offsite that pertains to one of the day treatment client's treatment. The program supervisor may carry a caseload of up to six day treatment clients.

(6) There must be at least one full-time equivalent (FTE) clinical or mental health staff member for every six clients in the program. Support staff means an adult, under the supervision of the program supervisor or therapist, with experience in working with children and adolescents with severe emotional disturbances. For the purpose of this ratio, the number of participants in the program must be based on the average daily attendance. This ratio includes the site based therapist or program supervisor, if the therapist or supervisor spends at least half of the time with the class and is readily available at other times when the need arises. The program therapist's office must be in close proximity to the day treatment classroom to provide timely interventions to clients. Mental health staff must not be shared with other programs. Either the mental health support staff member, the therapist or the supervisor must be in the classroom at all times during operation of the program.

37.106.1937 MENTAL HEALTH CENTER: ADULT DAY TREATMENT (1) In addition to the requirements established in this subchapter, each mental health center providing adult day treatment shall comply with the requirements established in this rule.

(2) The adult day treatment program shall:

- (a) operate at least two days a week, for at least four hours a day;
- (b) employ or contract with a program supervisor who is knowledgeable about the service and support needs of individuals with a mental illness, day treatment programming and psychosocial rehabilitation. The program supervisor or program therapist must be site based;
- (c) provide, by means of a variety of individual and group treatment modalities, therapy and rehabilitation in the areas of independent living skills, crisis intervention, pre-vocational and vocational skill building, socialization, and recreational activities;
- (d) structure its treatment activities to promote increasing levels of independence in the client's functioning;
- (e) require the program supervisor and all program staff to each have a minimum of six contact hours of annual training relating to adult mental illness and treatment;
- (f) maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days and upon the occurrence of any significant change in the client's condition; and
- (g) maintain a client to staff ratio that may not exceed 10 clients to one staff member.

(3) The program supervisor and day treatment program staff must be trained in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the clients and staff. The training must include the use of physical and non-physical methods of managing clients, and must be updated, at least annually, to ensure that necessary skills are maintained.

37.106.1938 MENTAL HEALTH CENTER: MENTAL HEALTH GROUP HOME (1) In addition to the requirements established in this subchapter, each mental health center providing a mental health group home shall comply with the requirements established in this rule.

(2) The purpose of a mental health group home is to provide residential treatment for adults with a mental illness.

(3) The mental health group home is considered to be a community residential facility for the purposes of local zoning and building codes reviews.

(4) The mental health group home must be annually inspected for compliance with fire codes by the state fire marshal or the marshal's designee. The home shall maintain a record of such inspection for at least one year following the date of the inspection.

(5) The mental health group home shall:

- (a) employ or contract with a program supervisor who is knowledgeable about the service and support needs of individuals with mental illnesses;
- (b) maintain staffing at least eight hours daily. Additional staff hours and supervision shall be dictated by the needs of the group home residents;
- (c) ensure that 24 hour a day emergency mental health care is available through the mental health center or other contracted entities;
- (d) structure its treatment activities to promote increasing levels of independence in the client's functioning;
- (e) establish admission criteria which assess the individual's needs and the appropriateness of the services to meet those needs. At a minimum, admission criteria must require that the person:
 - (i) be 18 years of age or older and be unable to maintain the stability of their mental illness in an independent living situation;
 - (ii) be diagnosed with a mental illness;
 - (iii) be medically stable;
 - (iv) not be an immediate danger to self or others;
 - (v) requires a transitional residential level of care from a short acute hospital stay or long-term commitment, or requires some ongoing residential structure or supervision;
 - (vi) sign a contract to follow group home rules.
- (f) assess new admissions to the mental health group home and offer ongoing treatment and training in the following areas:
 - (i) community adjustment (ability to use community resources such as stores, professional services, recreational facilities, government agencies, etc.);
 - (ii) personal care (grooming, food preparation, housekeeping, money management, etc.);
 - (iii) socialization; and
 - (iv) recreation/leisure.
- (g) maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days and upon the occurrence of any significant change in the client's condition.

(6) Staff working in the mental health group home must:

- (a) be 18 years of age;
- (b) possess a high school diploma or GED;

- (c) have received training in the treatment of adults with a mental illness;
 - (d) be capable of implementing each resident's treatment plan; and
 - (e) be trained in the Heimlich maneuver and maintain certification in cardiopulmonary resuscitation (CPR).
- (7) The program supervisor shall orient new staff on how to deal with client rule violations, new admissions, emergency situations, after hour admissions and client incident reports. Written policies and procedures for handling day-to-day operations must be available at the group home.
- (8) The program supervisor and all program staff must each have a minimum of six contact hours of annual training relating to adult mental illness and treatment.
- (9) The program supervisor and group home program staff must be trained in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the residents and staff. The training must include the use of physical and non-physical methods of managing residents, and must be updated, at least annually, to ensure that necessary skills are maintained.
- (10) Upon admission, each resident must be provided with:
- (a) a written statement of resident rights which, at a minimum, include the applicable patient rights in 53-21-142, MCA;
 - (b) a copy of the mental health center grievance procedure; and
 - (c) the written rules of conduct including the consequences for violating the rules.
- (11) At the time of a resident's discharge from the group home, the staff shall assist the resident in making arrangements for housing, employment, education, training, treatment, and/or other services needed for adequate adjustment to community living.

37.106.1945 MENTAL HEALTH CENTER: CRISIS TELEPHONE SERVICES (1) In addition to the requirements established in this subchapter, each mental health center shall provide crisis telephone services and comply with the following requirements:

- (a) ensure that crisis telephone services are available 24 hours a day, seven days a week. Answering services and receptionists may be used to transfer calls to individuals who have been trained to respond to crisis calls;
 - (b) employ or contract with appropriately trained individuals, under the supervision of a licensed mental health professional, to respond to crisis calls. An appropriately trained individual is one who has received training and instruction regarding:
 - (i) the policies and procedures of the mental health center for crisis intervention services;
 - (ii) crisis intervention techniques;
 - (iii) conducting assessments of risk of harm to self or others, and prevention approaches;
 - (iv) the process for voluntary and involuntary hospitalization;
 - (v) the signs and symptoms of mental illness; and
 - (vi) the appropriate utilization of community resources.
 - (c) ensure that a licensed mental health professional provides consultation and backup, as indicated, for unlicensed individuals responding to crisis calls;
 - (d) establish written policies and procedures governing in-person contacts between crisis responders and crisis callers. The policies and procedures must address the circumstances under which the contacts may or may not occur and safety issues associated with in-person contacts;
 - (e) maintain documentation for each crisis call. The documentation must reflect:
 - (i) the date of the call;
 - (ii) the staff involved;
 - (iii) identifying data, if possible;
 - (iv) the nature of the emergency, including an assessment of dangerousness/lethality, medical concerns, and social supports; and
 - (v) the result of the intervention.
- (2) No individual may respond to crisis calls until the mental health center documents in writing in the individual's personnel file that the individual has received the training and instruction required in (1)(b) above. Additional training and instruction must be provided to crisis responders based upon an ongoing assessment of presenting problems and responder needs and to ensure that necessary crisis intervention skills are maintained.

37.106.1946 MENTAL HEALTH CENTER: CRISIS STABILIZATION PROGRAM (1) In addition to the requirements established in this subchapter each mental health center providing a crisis stabilization program shall comply with the requirements established in this rule.

- (2) The facility must be annually inspected for compliance with fire codes by the state fire marshal or the marshal's designee. The facility shall maintain a record of such inspection for at least one year following the date of the inspection. (3) The crisis stabilization program shall:
- (a) employ or contract with a program supervisor knowledgeable about the service and support needs of individuals with mental illness experiencing a crisis. The program supervisor or a licensed mental health professional must be site based;
 - (b) require staff working in the crisis stabilization program:
 - (i) be 18 years of age;
 - (ii) possess a high school diploma or GED; and
 - (iii) be capable of implementing each resident's treatment plan.
 - (c) ensure that the program supervisor and all staff each have a minimum of six contact hours of annual training relating to the service and support needs of individuals with mental illness experiencing a crisis;
 - (d) orient staff prior to assuming the duties of the position on:
 - (i) the types of mental illness and treatment approaches;
 - (ii) suicide risk assessment and prevention procedures; and
 - (iii) program policies and procedures, including emergency procedures;
 - (e) orient staff within eight weeks from assuming the duties of the position on:
 - (i) therapeutic communications;

- (ii) the legal responsibilities of mental health service providers;
 - (iii) mental health laws of Montana regarding the right of consumers;
 - (iv) other services provided by the mental health center; and
 - (v) infection control and prevention of transmission of blood borne pathogens.
- (f) maintain written program policies and procedures at the facility;
- (g) train staff in the Heimlich maneuver and ensure staff maintain current certification in cardiopulmonary resuscitation (CPR);
- (h) maintain 24 hour awake staff;
- (i) maintain a staff-to-patient ratio dictated by resident need. A procedure must be established to increase or decrease staff coverage as indicated by resident need;
- (j) establish admission criteria which assess the individual's needs and the appropriateness of the services to meet those needs. At a minimum, admission criteria must require that the person:
 - (i) be at least 18 years of age;
 - (ii) be medically stable (with the exception of the person's mental illness);
 - (iii) be drug and alcohol free to the extent it does not significantly impair the individual's ability to meet the other admission criteria;
 - (iv) be willing to enter the program, follow program rules, and accept recommended treatment;
 - (v) be willing to sign a no-harm contract, if clinically indicated;
 - (vi) not require physical or mechanical restraint;
 - (vii) be in need of frequent observation on a 24 hour basis;
- (k) establish written policies and procedures:
 - (i) for completing a medical screening and establishing medical stabilization, prior to admission;
 - (ii) to be followed should residents, considered to be at risk for harming themselves or others, attempt to leave the facility without discharge authorization from the licensed mental health professional responsible for their treatment; and
 - (iii) for the secure storage of toxic household chemicals and sharp household items such as utensils and tools.
- (l) when clinically appropriate, provide each resident upon admission, or as soon as possible thereafter:
 - (i) a written statement of resident rights which, at a minimum, include the applicable patient rights in 53-21-142, MCA;
 - (ii) a copy of the mental health center grievance procedure; and
 - (iii) the written rules of conduct including the consequences for violating the rules.
- (m) ensure inpatient psychiatric hospital care is available through a transfer agreement for residents in need of hospitalization;
- (n) maintain progress notes for each resident. The progress notes must be entered at least daily into the resident's clinical record. The progress notes must describe the resident's physical condition, mental status, and involvement in treatment services; and
- (o) make referrals for services that would help prevent or diminish future crises at the time of the resident's discharge. Referrals may be made for the resident to receive additional treatment or training or assistance such as securing housing. (4) The program supervisor and program staff must be trained in the therapeutic de-escalation of crisis situations to ensure the protection and safety of the residents and staff. The training must include the use of physical and non-physical methods of managing residents and must be updated, at least annually, to ensure that necessary skills are maintained.

37.106.1950 MENTAL HEALTH CENTER: MEDICATION MANAGEMENT SERVICES (1) Each mental health center shall make medication management services available to the clients it serves for medications needed to treat their mental illnesses.

(2) Medication management services shall be provided by licensed health care professionals, acting within the scope of their licenses, who are either employed by or contracted with the mental health center.

(3) A mental health center shall have medication management policies and procedures in its policy procedure manual which include, at minimum, the following:

- (a) maintaining a current, chronological and dated record of medication orders by the client's licensed health care professional in the client's clinical records;
- (b) self-administration of medications by clients;
- (c) administering client prescription and over-the-counter medications by licensed health care professionals;
- (d) adjusting dosages or prescribing new medications for clients to include the rationale for the use of and changes in the client's medication;
- (e) monitoring the client's response to medication or dosage changes;
- (f) maintaining a medication administration record for each client documenting medications and dosages prescribed, the client's compliance in taking prescribed medications, doses taken or not taken, any measure taken to obtain compliance, and the reason for omission of any scheduled dose of medication;
- (g) documenting any medication errors;
- (h) reporting and addressing in a timely manner, any medication errors and adverse drug reactions to the licensed health care professional who prescribed the client's medication, and to the program supervisor and medical director;
- (i) providing and documenting education about the effects, side effects, contraindications and management procedures of the client's medication;
- (j) providing safe and secure storage of all medications; (k) providing refrigeration for medication segregated from food items, within the temperature range specified by the manufacturer for medication that requires refrigeration; and
- (l) storing medication in the container dispensed by the pharmacy or in the container in which it was purchased in the case of over-the-counter medication, with the label intact and clearly legible.

37.106.1955 MENTAL HEALTH CENTER: COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT PROGRAM (CSCT) (1) In addition to the requirements established in this subchapter, a licensed mental health center providing a comprehensive school and community treatment program (CSCT) must have a CSCT endorsement issued by the department. To receive a CSCT program endorsement, the licensed mental health center must establish to the department's satisfaction that it meets the requirements stated in these program rules.

(2) The licensed mental health center's CSCT program must have written admission and discharge criteria.

(3) The program must assess the needs of a child or adolescent with a serious emotional disturbance and the appropriateness of the CSCT program to meet those needs.

(4) Individuals enrolled in public school remain eligible for the CSCT program through the age of 20.

37.106.1956 MENTAL HEALTH CENTER: COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT PROGRAM, SERVICES (1) The CSCT program must be able to provide the following services, as clinically indicated, to children or adolescents with serious emotional disturbance, as that term is defined at ARM 37.86.3702:

(a) individual, group and family therapy;

(b) behavioral intervention;

(c) other evidence and research based practices effective in the treatment of children or adolescents with a serious emotional disturbance;

(d) direct crisis intervention services during the time the child or adolescent is present in a school-owned or operated facility;

(e) crisis intervention services by telephone during the time the child or adolescent is not present in a school-owned or operated facility;

(f) treatment plan coordination with addictive and mental health treatment services the child or adolescent receives outside the CSCT program;

(g) access to emergency services;

(h) referral and aftercare coordination with inpatient facilities, residential treatment programs, or other appropriate out-of-home placement programs; and

(i) continuous treatment that includes services during nonschool days, integrated in a manner consistent with the child or adolescent's treatment plan.

(2) CSCT services must be provided according to an individualized treatment plan designed by a licensed mental health professional who is a staff member of a CSCT program team.

(3) The licensed mental health center CSCT program supervisor and an appropriate school district representative must meet at least every 90 days during the time period CSCT services are provided to mutually assess program effectiveness utilizing, but not limited to, the following indicators:

(a) child or adolescent progress on his or her individual treatment plan;

(b) attendance;

(c) discipline referrals;

(d) contact with law enforcement; and/or

(e) referral to a higher level of care.

37.106.1960 MENTAL HEALTH CENTER: COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT PROGRAM, STAFFING AND TRAINING (1) The licensed mental health center's CSCT program must be provided through a program of services delivered by a team or teams.

(2) Each team must consist of a full-time equivalent licensed mental health professional, as that term is defined in ARM 37.106.1902, and an aide. An in-training mental health practitioner pursuant to ARM 37.88.901 may be a team member. Full-time equivalent is defined in ARM 37.27.102. Full-time equivalent means 2,080 hours per year worked exclusively in the CSCT program is defined in ARM 37.27.102.

(3) A full-time equivalent team is limited to the billing amounts as set forth in ARM 37.86.2225

(4) A CSCT program must employ or contract with a program supervisor who is knowledgeable about the service and support needs of children and adolescents with serious emotional disturbances. The program supervisor may be a member of a team providing direct services.

(5) This rule is not intended to prevent the use of parttime staff to provide CSCT services throughout the year, including school vacation periods. If a child or adolescent receives CSCT services during time periods when school is not regularly in session, then part-time staff may be used and billed as set forth in ARM 37.86.2225.

(6) The licensed mental health center's CSCT program must be delivered by adequately trained staff. Training must be documented and maintained in the personnel files.

(7) If a nonlicensed team member is employed, that individual must have a high school diploma or a general education degree (GED) and one year of relevant experience.

(a) The nonlicensed team member must receive 10 hours of training during the first three months of employment that includes de-escalation training, child development, and how and when to implement behavior management. The 10 hours of initial training may be combined with the required 18 hours of annual training mandated for all team members.

(8) All team members are required to receive a minimum of 18 hours training per year in behavior management strategies that focus on the prevention of behavior problems for children or adolescents with serious emotional disturbance (SED). Training must include:

(a) positive behavioral intervention planning and support;

(b) classroom and child or adolescent management techniques that include nationally certified de-escalation training;

(c) evidence and research based behavior interventions and practices;

(d) therapeutic de-escalation of crisis situations for the protection and safety of the clients and staff; and

(e) physical and nonphysical methods of managing children and adolescents.

37.106.1961 MENTAL HEALTH CENTER: COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT PROGRAM, CLIENT RECORD REQUIREMENTS

(1) In addition to any clinical records required in ARM 37.85.414 or elsewhere in these rules, the licensed mental health center's CSCT program must maintain the following client records:

- (a) progress notes for each individual therapy and other direct services;
- (b) monthly overall progress notes; and
- (c) individual outcomes compared to baseline measures and established benchmarks.

37.106.1965 MENTAL HEALTH CENTER: COMPREHENSIVE SCHOOL AND COMMUNITY TREATMENT PROGRAM, SPECIAL EDUCATION REQUIREMENTS

(1) The licensed mental health center's CSCT program must be coordinated with the child or adolescent's special education program, if any.

(2) If a client has a child study team (CST), as that term is used in Title 20, MCA, the CSCT team assigned to the child or adolescent must attend CST meetings and individualized education plan (IEP) meetings when clinically indicated and permitted under state and federal law.

(3) A copy of the IEP must be included in the child or adolescent's treatment plan.

See next two pages for:

HEALTH CARE FACILITIES 37.106.190 Subchapter 20 Mental Health Center: Foster Care for Adults With Mental Illnesses

HEALTH CARE FACILITIES 37.106.1901

Subchapter 20

Mental Health Center: Foster Care for Adults With Mental Illnesses

37.106.2001 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTS WITH MENTAL ILLNESSES (1) In addition to the requirements established in this subchapter, each mental health center providing foster care for mentally ill adults shall utilize only foster care providers licensed by the department pursuant to ARM Title 37, chapter 100, subchapter 1.

37.106.2004 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTS WITH MENTAL ILLNESSES, POLICY AND PROCEDURES

(1) Each mental health center that has a foster care program endorsement shall have policy and procedures in place to make initial and periodic assessment of the foster care provider's ability to meet the following criteria:

- (a) ability to provide necessary services and supports to the client; and
- (b) ability to support the client's rights as outlined in 53-21-142, MCA.

(2) The mental health center shall provide an orientation session prior to the mental health center entering into a client placement agreement with the foster care provider, and at least annually on issues that at minimum address the following:

- (a) the types of mental illnesses, etiology of mental illnesses, treatment approaches and recovery from mental illnesses;
- (b) community resources and available mental health center services;
- (c) therapeutic communications;
- (d) program policies and procedures, including emergency procedures;
- (e) legal responsibilities of mental health service providers and client rights;
- (f) infection control and prevention of transmission of blood borne pathogens; and
- (g) cardiopulmonary resuscitation (CPR) and Heimlich maneuver.

37.106.2005 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTS WITH MENTAL ILLNESSES, RECORDS (1) For each foster care provider, the mental health center shall maintain the following information on file:

- (a) initial and annual assessments of the provider's ability to provide necessary services and supports to the client and ability to support the client's rights as outlined in 53-21-142, MCA; and
- (b) documentation of the orientation session prior to entering into a client placement agreement, and annually thereafter.

(2) For each client, the mental health center shall maintain the following information on file:

- (a) the mental health center's individual placement agreement with each client which sets forth the terms of the client's placement and the responsibilities of the foster care provider, the mental health center, the client, and when appropriate the guardian as defined in ARM 37.106.1902; and
- (b) documentation that the client has received an assessment to ensure the appropriateness of foster care services in meeting the client's needs as provided in ARM 37.106.2015.

37.106.2006 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTSWITH MENTAL ILLNESSES, STAFF SUPERVISION AND TRAINING

(1) A mental health center providing foster care shall employ a program supervisor who is experienced in providing services to individuals with mental illnesses. The program supervisor shall supervise all foster care specialists and ensure the program complies with the requirements of this subchapter. The program supervisor may perform the duties of an adult foster care specialist if the mental health center has not more than 10 adult foster care clients.

(2) A mental health center providing foster care shall train the program supervisor and adult foster care specialists in the therapeutic de-escalation of crisis situations. The training must include the use of physical and non-physical methods of managing clients and must be updated, at least annually.

(3) The mental health center shall provide periodic training to reinforce and update the initial training outlined in this rule.

37.106.2011 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTS WITH MENTAL ILLNESSES, ADULT FOSTER CARE SPECIALIST

(1) A mental health center providing foster care shall employ or contract with at least one adult foster care specialist.

(2) The adult foster care specialist shall have the knowledge and skills needed to effectively perform foster care specialist duties. Minimum qualifications for a foster care specialist are a bachelor's degree in a human services field with one year of full time experience serving people with mental illnesses. Individuals with other educational backgrounds who, as providers, consumers or advocates of mental health services have developed the necessary skills, may also be employed as foster care specialists. The mental health center's foster care specialists position description may contain equivalency provisions.

- (3) The adult foster care specialist shall:
- (a) implement and coordinate mental health services to clients;
 - (b) carry a case load of not more than 16 foster care clients;
 - (c) meet with the foster care provider at least weekly in his or her home or whenever there is a significant change in the client's condition, to assess, at a minimum, the following:
 - (i) the provider's ability to continue to meet the needs of the client as determined by the treatment plan; and
 - (ii) whether supports for the foster care provider are adequate; and
 - (d) document bi-weekly summaries or sooner if there is a significant change in the client's condition regarding the client's treatment in the client's clinical record.

37.106.2015 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTS WITH MENTAL ILLNESSES, CLIENT ADMISSION CRITERIA AND NEEDS ASSESSMENT

(1) A mental health center providing foster care shall establish admission criteria which assesses the client's needs and the appropriateness of foster care services to meet those needs. At a minimum, the admission criteria must require that a client:

- (a) be 18 years of age or older;
- (b) be unable to maintain the stability of their mental illness in an independent living situation;
- (c) be diagnosed with a severe disabling mental illness;
- (d) be medically stable;
- (e) not be an immediate danger to self or others; and
- (f) be able to take medications when prompted.

(2) A mental health center providing foster care shall assess the needs of each newly-admitted client in the following areas:

- (a) the client's ability to appropriately use community resources to access professional services, and to obtain services from public agencies;
- (b) the client's personal care skills;
- (c) the client's ability to socialize and participate in recreation and leisure activities; and
- (d) the likelihood the client will benefit from adult foster care.

37.106.2016 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTS WITH MENTAL ILLNESSES, TREATMENT PLAN (1) A mental health center providing foster care shall implement a treatment plan for each client that:

- (a) structures rehabilitation and treatment activities to promote increasing levels of independence;
- (b) articulates a detailed crisis plan; and
- (c) articulates arrangements for the client's discharge from the foster care home in the following areas:
 - (i) housing;
 - (ii) employment;
 - (iii) education and training;
 - (iv) treatment; and
 - (v) any other services needed for independent living.

(2) A mental health center providing foster care shall maintain progress notes for each client. The progress notes must be entered into the client's clinical record at least every 30 days, and upon the occurrence of any significant change in the client's condition.

37.106.2017 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTS WITH MENTAL ILLNESSES, CLIENT PLACEMENT AGREEMENTS

(1) The mental health center shall enter into an individual placement agreement which sets forth the terms of the client's placement, the responsibilities of the foster care provider, the mental health center, the client, and when appropriate, the guardian.

(2) The placement agreement must be signed with copies dispersed to all parties who are a part of the agreement.

(3) The placement agreement shall be reviewed quarterly by all parties who are part of the agreement to determine the need for any amendments to the agreement.

37.106.2018 MENTAL HEALTH CENTER: FOSTER CARE FOR ADULTS WITH MENTAL ILLNESSES, CLIENT RIGHTS AND RESPONSIBILITIES

(1) Upon admission a mental health center providing foster care shall provide each client with:

- (a) a written statement of the client's rights which, at a minimum, include the rights found in 53-21-142, MCA;
- (b) a copy of the mental health center grievance procedure; and
- (c) written rules of conduct for the foster care home and the consequences to the client for violating the rules.